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TITLE: HIV/AIDS and Other Infectious Diseases Among Correctional Inmates: A Public Health Problem and Opportunity

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BACKGROUND/OBJECTIVES: Systematic national estimates of the burden of infectious disease and other health problems among inmates have never before been available. This paper presents national estimates of the burden of infectious diseases among correctional inmates and releases, together with the key findings from a national survey of correctional systems' policies, to make the case that correctional facilities are extremely important settings for public health interventions.

METHODS: For the National Commission on Correctional Health Care (NCCHC), we developed national estimates of the burden of infectious diseases among inmates (for 1997) and releases (for 1996), using data from surveys, journal articles, unpublished reports, and statistics on correctional populations. We also used data from our 1997 survey of US correctional systems (funded by CDC and the National Institute of Justice [NIJ]) to examine the correctional policy response to HIV/AIDS and STDs.

RESULTS: In 1997, there were an estimated 8,900 inmates with AIDS in the U.S. (prevalence >5 times that in the total population) and between 35,000-47,000 inmates with HIV infection (prevalence 4-10 times that in the total population). Persons released from correctional facilities in 1996 represented 17% of all people in the U.S. with AIDS that year and 13-19% of all people with HIV infection. An estimated 78,000 inmates had syphilis infection in 1997 and about 43,000 inmates had chlamydia infection. Between 303,000 and 332,000 inmates had HCV infection in 1997 (prevalence 9-10 times that in the total population), and correctional releases in 1996 represented 29-32% of all people with HCV in the U.S. that year. The 1997 NIJ/CDC survey revealed that only 10% of state/federal prison systems and only 5% of city/county jail systems were offering comprehensive HIV prevention programs. Less than a third of correctional systems made appointments for inmates with HIV/AIDS being released to receive important medical, psychosocial, and other services in the community.

CONCLUSIONS: These findings clearly document the concentration of infectious disease among persons passing through correctional facilities and reveal the failure to date of correctional systems, public health departments, community-based organizations and health providers to address fully this public health opportunity. Innovative, coordinated, collaborative interventions in HIV/AIDS, STDs and other health problems will benefit the health of inmates, their families, and partners—a historically under-served population. Moreover, since the vast majority of inmates return to the community, interventions in correctional facilities will also benefit the larger public health.

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